

<i>SERFF Tracking Number:</i>	<i>NAWS-126825320</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Western Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46853</i>
<i>Company Tracking Number:</i>	<i>01-1158-10, 01-1159-10, 01-9062-10</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>Single Premium Immediate Annuities</i>		
<i>Project Name/Number:</i>	<i>Single Premium Immediate Annuities/01-1158-10, 01-1159-10, 01-9062-10</i>		

Filing at a Glance

Company: National Western Life Insurance Company

Product Name: Single Premium Immediate Annuities SERFF Tr Num: NAWS-126825320 State: Arkansas

TOI: A05I Individual Annuities- Immediate Non-Variable SERFF Status: Closed-Approved- Closed State Tr Num: 46853

Sub-TOI: A05I.000 Annuities - Immediate Non-variable Co Tr Num: 01-1158-10, 01-1159-10, 01-9062-10 State Status: Approved-Closed

Filing Type: Form

Author: Stephanie Foscitt	Reviewer(s): Linda Bird
Date Submitted: 09/21/2010	Disposition Date: 09/30/2010
	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Single Premium Immediate Annuities
 Project Number: 01-1158-10, 01-1159-10, 01-9062-10
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized
 Date Approved in Domicile:
 Domicile Status Comments: These forms are deemed exempt by our state of domicile, Colorado.

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 09/30/2010

Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 09/30/2010
 Created By: Stephanie Foscitt
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Stephanie Foscitt
 Filing Description:
 Re: Single Premium Immediate Annuity, Period Certain, 01-1158-10
 Single Premium Immediate Annuity, Life Contingent, 01-1159-10
 Single Premium Immediate Annuity Application, 01-9062AR-10
 National Western Life Insurance Company, NAIC 66850, FEIN 84-0467208

SERFF Tracking Number: NAWS-126825320 State: Arkansas
Filing Company: National Western Life Insurance Company State Tracking Number: 46853
Company Tracking Number: 01-1158-10, 01-1159-10, 01-9062-10
TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Variable
Product Name: Single Premium Immediate Annuities
Project Name/Number: Single Premium Immediate Annuities/01-1158-10, 01-1159-10, 01-9062-10

To Whom It May Concern:

Please find attached the above captioned forms submitted to your state for formal approval. These forms are new and will replace previously approved forms. These forms are deemed exempt by our state of domicile, Colorado, under Bulletin B-4.1. This filing contains no unusual or possibly controversial items from normal industry standards.

Form 01-1158-10, Single Premium Immediate Annuity policy, period certain, may be issued to a single annuitant from age 0 to age 90. The annuity provides periodic annuity benefits payable monthly, quarterly, semi-annually, or annually for a certain number of years, at interest, not involving life contingencies.

Form 01-1159-10, Single Premium Immediate Annuity policy, life contingent, may be issued to either a single annuitant or joint annuitants from age 0 to age 90. This annuity provides periodic annuity benefits payable monthly, quarterly, semi-annually, or annually during the lifetime of the Sole Annuitant, or the Survivor Annuitant.

These two annuity policy forms will replace three previously approved SPIA policy forms as follows:
Jointly issued SPIA form number 01-1011J-97, approved for use on April 28, 1997
Period certain SPIA form number 01-1011C-97, approved for use on April 28, 1997
Individual issued SPIA form number 01-1011I-97 approved for use on April 28, 1997

Form number 01-9062-10, Single Premium Immediate Annuity Application, will be used to issue either of the above SPIA products. This application form will replace previously approved application form 01-9021AR approved for use on June 24, 1997.

Thank you for your time and consideration in this matter. If you have any questions or need more information, please feel free to contact me by email at SFoskitt@NationalWesternLife.com or by phone at 512-719-1563.

Sincerely,
Stephanie Foskitt
Contract Compliance Analyst

We reserve the right to change the format of this form without changing any of the language. Printing standards will never be less than those required by your state.

Company and Contact

Filing Contact Information

SERFF Tracking Number: NAWS-126825320 State: Arkansas
Filing Company: National Western Life Insurance Company State Tracking Number: 46853
Company Tracking Number: 01-1158-10, 01-1159-10, 01-9062-10
TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Variable
Product Name: Single Premium Immediate Annuities
Project Name/Number: Single Premium Immediate Annuities/01-1158-10, 01-1159-10, 01-9062-10

Stephanie Foskitt, Contract Compliance Analyst SFoskitt@NationalWesternLife.com

National Western Life Insurance Company 512-719-1563 [Phone]
850 East Anderson Lane 512-719-8522 [FAX]
Austin, TX 78752

Filing Company Information

National Western Life Insurance Company	CoCode: 66850	State of Domicile: Colorado
850 East Anderson Lane	Group Code: -99	Company Type:
Austin, TX 78752-1602	Group Name:	State ID Number:
(512) 836-1010 ext. [Phone]	FEIN Number: 84-0467208	

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation: \$50 per annuity policy form or application x 3 forms = \$150 total
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Western Life Insurance Company	\$150.00	09/21/2010	39707239

SERFF Tracking Number:	NAWS-126825320	State:	Arkansas
Filing Company:	National Western Life Insurance Company	State Tracking Number:	46853
Company Tracking Number:	01-1158-10, 01-1159-10, 01-9062-10		
TOI:	A05I Individual Annuities- Immediate Non-Variable	Sub-TOI:	A05I.000 Annuities - Immediate Non-variable
Product Name:	Single Premium Immediate Annuities		
Project Name/Number:	Single Premium Immediate Annuities/01-1158-10, 01-1159-10, 01-9062-10		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/30/2010	09/30/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	09/27/2010	09/27/2010	Stephanie Foskitt	09/29/2010	09/29/2010

<i>SERFF Tracking Number:</i>	<i>NAWS-126825320</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Western Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46853</i>
<i>Company Tracking Number:</i>	<i>01-1158-10, 01-1159-10, 01-9062-10</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>Single Premium Immediate Annuities</i>		
<i>Project Name/Number:</i>	<i>Single Premium Immediate Annuities/01-1158-10, 01-1159-10, 01-9062-10</i>		

Disposition

Disposition Date: 09/30/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NAWS-126825320 State: Arkansas

Filing Company: National Western Life Insurance Company State Tracking Number: 46853

Company Tracking Number: 01-1158-10, 01-1159-10, 01-9062-10

TOI: A05I Individual Annuities- Immediate Non-Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable

Product Name: Single Premium Immediate Annuities

Project Name/Number: Single Premium Immediate Annuities/01-1158-10, 01-1159-10, 01-9062-10

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	In compliance with Regulation 49		Yes
Supporting Document	In compliance with Rule & Regulation 19		Yes
Form	Single Premium Immediate Annuity, Period Certain		Yes
Form	Single Premium Immediate Annuity, Life Contingent		Yes
Form	Application for SPIA		Yes

SERFF Tracking Number: NAWS-126825320 State: Arkansas
Filing Company: National Western Life Insurance Company State Tracking Number: 46853
Company Tracking Number: 01-1158-10, 01-1159-10, 01-9062-10
TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Variable
Product Name: Single Premium Immediate Annuities
Project Name/Number: Single Premium Immediate Annuities/01-1158-10, 01-1159-10, 01-9062-10

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/27/2010
Submitted Date 09/27/2010
Respond By Date 10/27/2010

Dear Stephanie Foskitt,

This will acknowledge receipt of the captioned filing.

Objection 1

- Flesch Certification (Supporting Document)
- Application (Supporting Document)
- Life & Annuity - Acturial Memo (Supporting Document)
- Cover Letter (Supporting Document)
- Statement of Variability (Supporting Document)
- In compliance with Regulation 49 (Supporting Document)
- In compliance with Rule & Regulation 19 (Supporting Document)
- Single Premium Immediate Annuity, Period Certain, 01-1158-10 (Form)
- Single Premium Immediate Annuity, Life Contingent, 01-1159-10 (Form)
- Application for SPIA, 01-9062AR-10 (Form)

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your issue procedures and assure us that you are in compliance.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: *NAWS-126825320* State: *Arkansas*
Filing Company: *National Western Life Insurance Company* State Tracking Number: *46853*
Company Tracking Number: *01-1158-10, 01-1159-10, 01-9062-10*
TOI: *A05I Individual Annuities- Immediate Non-Variable* Sub-TOI: *A05I.000 Annuities - Immediate Non-variable*
Product Name: *Single Premium Immediate Annuities*
Project Name/Number: *Single Premium Immediate Annuities/01-1158-10, 01-1159-10, 01-9062-10*

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/29/2010
Submitted Date 09/29/2010

Dear Linda Bird,

Comments:

Thank you for your September 27, 2010 correspondence. Following is our response to your concerns.

Response 1

Comments: In compliance with Regulation 49, please find attached Life and Health Guaranty Association Notice, form 01-A013-AR(Rev.01/04)

In compliance with Rule & Regulation 19, please find attached the certification.

Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your issue procedures and assure us that you are in compliance.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: In compliance with Regulation 49

Comment:

Satisfied -Name: In compliance with Rule & Regulation 19

Comment:

SERFF Tracking Number: NAWS-126825320 State: Arkansas

Filing Company: National Western Life Insurance Company State Tracking Number: 46853

Company Tracking Number: 01-1158-10, 01-1159-10, 01-9062-10

TOI: A05I Individual Annuities- Immediate Non-Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable

Product Name: Single Premium Immediate Annuities

Project Name/Number: Single Premium Immediate Annuities/01-1158-10, 01-1159-10, 01-9062-10

Form Schedule

Lead Form Number: 01-1158-10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	01-1158-10	Policy/Contract	Single Premium Immediate Annuity, Period Certain Certificate	Initial		55.000	01-1158-10 SPIA Period Certain.pdf
	01-1159-10	Policy/Contract	Single Premium Immediate Annuity, Life Contingent Certificate	Initial		57.000	01-1159-10 SPIA Life Contingent.pdf
	01-9062AR-10	Policy/Contract	Application for SPIA	Initial		51.000	01-9062AR-10 SPIA Application.pdf

NATIONAL WESTERN LIFE INSURANCE COMPANY

A Stock Company

EXECUTIVE OFFICE: 850 EAST ANDERSON LANE, AUSTIN, TEXAS, 78752
HOME OFFICE, DENVER, COLORADO

	POLICY NUMBER
POLICY DATE	ISSUE AGE
OWNER	
	ANNUITY DATE

NATIONAL WESTERN LIFE INSURANCE COMPANY is called "we" or "us". The Owner is called "you". We will pay to the Payee a periodic income as described on Page 3 of this policy. The first income payment will be payable on the Annuity Date stated on Page 3. We will continue to make payments to the Payee as stated in the Payment Schedule until all payments guaranteed under this policy have been paid.

All payments and benefits will be payable subject to the terms of this policy. The consideration for this policy is the application and the payment in advance of the Single Premium stated on Page 3. The Single Premium must be paid on or before delivery of this policy.

RIGHT TO CANCEL

You may cancel this policy by delivering or mailing a written notice or sending a telegram to us in Austin, Texas 78752-1602 or to the agent through whom it was purchased. You must return the policy to us or the agent through whom it was purchased before midnight of the thirtieth day after the date you receive it. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We must return all premiums paid for this policy within ten days after we receive notice to cancel and the returned policy.

Signed at our office in Austin, Texas as of the Policy Date.



Secretary



President

READ YOUR POLICY CAREFULLY

SINGLE PREMIUM IMMEDIATE ANNUITY CERTAIN - ANNUITY PAYMENTS PAYABLE FROM THE ANNUITY DATE UNTIL ALL PAYMENTS GUARANTEED UNDER THIS POLICY HAVE BEEN PAID. THE PAYMENTS GUARANTEED UNDER THIS POLICY ARE STATED IN THE PAYMENT SCHEDULE ON PAGE 3. NONPARTICIPATING.

This is a legal contract between you and us.

NOTICE TO OWNER: If you have questions or need information about this policy or need assistance, please call us at 1-800-922-9422.

DEFINITIONS

Policy means the annuity policy issued to the Owner.

Policy Date means the date on which the policy is issued as shown on Page 3.

Annuity Date means the date on which the first income payment is payable as shown on Page 3.

Payee is the person designated on Page 3 to receive income payments.

Owner is the person named as the Owner on Page 3.

Beneficiary is the person who will receive any remaining guaranteed payments which are due after the death of the Payee

GENERAL PROVISIONS

Contract. The application is called "App". The policy, any endorsements, any riders, any amendments, and the App are the Contract. A copy of the App is attached. All statements made in the App are representations and not warranties.

Only our officers may change this Contract or waive a right or requirement. No agent may do this. Such change or waiver must be in writing.

Incontestability. This policy will be incontestable from the Policy Date.

Taxes, Fees, Assessments. Any Federal, State, or Municipal taxes, or any fees or assessments related to this policy, payment of which is required or authorized by law, will be deducted from the benefits under this policy.

Termination. This policy terminates when this policy's payment obligations have been met.

POLICY SPECIFICATIONS

NATIONAL WESTERN LIFE INSURANCE COMPANY
850 EAST ANDERSON LANE, AUSTIN, TEXAS 78752-1602
1-800-922-9422

		0100012345	POLICY NUMBER
POLICY DATE	APRIL 1, 2010	MAY 1, 2010	ANNUITY DATE
PAYEE	JOHN DOE	\$50,000.00	SINGLE PREMIUM
OWNER	JOHN DOE		
BENEFICIARY	AS DESIGNATED IN THE APPLICATION FOR THE POLICY UNLESS CHANGED AS OTHERWISE PROVIDED IN THIS POLICY.		

FORM	DESCRIPTION OF BENEFITS	BENEFIT AMOUNT	PREMIUMS	

01-1158-10 SINGLE PREMIUM IMMEDIATE ANNUITY CERTAIN

PAYMENT SCHEDULE

AMOUNT AND FREQUENCY OF PERIODIC INCOME PAYMENTS:	\$5,011.25 MONTHLY
GUARANTEED NUMBER OF PAYMENTS TO BE MADE:	120

ANNUITY BENEFITS

Periodic Income Payments. Periodic income payments will be paid to the Payee starting on the Annuity Date.

Neither the Owner of this policy nor any payee will have the right to commute Periodic Income Payments.

Unless this policy provides otherwise, payments will not be subject to:

1. Transfer; or
2. Alteration; or
3. Claims by creditors before any payment is due; or
4. Encumbrance by creditors.

Payment Schedule. The Payment Schedule is shown on Page 3 of this policy and shows:

1. The frequency of income payments; and

2. The amount of each income payment; and
3. The number of payments guaranteed under this policy.

Death of the Payee. If the Payee dies before the number of payments guaranteed under this policy have been paid, we will continue making periodic payments until the number of payments guaranteed have been paid. Such payments will be continued to the Beneficiary. Payments to a Beneficiary will begin after we receive due proof of the Payee's death. In lieu of such remaining periodic payments, the Beneficiary may elect to receive the commuted value of such payments on the basis of interest compounded annually at a rate determined by us.

To the extent permitted by law, proceeds will not be subject to any claims of a Beneficiary's creditors.

OWNERSHIP, BENEFICIARY, AND ASSIGNMENT PROVISIONS

Ownership. The Owner is as stated on Page 3 unless later changed and endorsed on this policy. While this policy is in force, the Owner may exercise every right the policy confers or we allow.

If an Owner other than the Payee dies during the Payee's lifetime, and has not named a successor, ownership rights will pass to the deceased Owner's estate.

Beneficiary. The Beneficiary, as named in the application or later changed by the Owner, will receive, subject to the terms of this policy, any payments which are due after the death of the Payee. Unless otherwise provided in the Beneficiary designation:

1. If any Beneficiary dies before the Payee, that Beneficiary's interest will pass to any other beneficiaries according to their respective interests;
2. If payments are being made to the last surviving Beneficiary, and such last surviving Beneficiary dies before all guaranteed payments have been made, we will continue making the periodic payments to the estate of such last surviving Beneficiary until the number of payments guaranteed have been paid.

In lieu of such remaining periodic payments, the estate of such last surviving Beneficiary may elect to receive the commuted value of such payments on the basis of interest compounded annually at a rate determined by us.

We reserve the right to defer payment of any amounts payable on commutation for a period of up to six months after requesting and receiving written approval from the commissioner of insurance.

If any Beneficiary dies at the same time as the Payee, or within 15 days after the Payee but before proof of the Payee's death is received by us, any proceeds will be paid as though that Beneficiary died before the Payee.

Change of Ownership and Beneficiary. Changes in the designation of the Owner and/or the Beneficiary may be made by the Owner's written request on forms provided by us, completed by the Owner, and forwarded to us. After the change is recorded at our office in Austin, Texas, it will be effective as of the date of the Owner's request described herein. It will not apply to any payment made or action taken by us before it was recorded.

Once we accept this change, it takes effect as of the date you signed the request, subject to any action we take before we accept the change.

Assignment. We will not be bound by any assignment of this policy unless it is received in writing at our offices in Austin, Texas. Two copies of the assignment must be submitted. We will retain one copy and return the other. We will not be responsible for the validity of any assignment.

NATIONAL WESTERN LIFE INSURANCE COMPANY

**EXECUTIVE OFFICE: 850 EAST ANDERSON LANE, AUSTIN, TEXAS 78752
HOME OFFICE, DENVER, COLORADO**

READ YOUR POLICY CAREFULLY

SINGLE PREMIUM IMMEDIATE ANNUITY CERTAIN. ANNUITY PAYMENTS PAYABLE FROM THE ANNUITY DATE UNTIL ALL PAYMENTS GUARANTEED UNDER THIS POLICY HAVE BEEN PAID. THE PAYMENTS GUARANTEED UNDER THIS POLICY ARE STATED IN THE PAYMENT SCHEDULE ON PAGE 3. NONPARTICIPATING.

This policy is a legal contract between you and us.

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	Taxes, Fees, Assessments
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	Payment Schedule
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	Ownership
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	Change of Ownership and Beneficiary
	Assignment

NATIONAL WESTERN LIFE INSURANCE COMPANY

A Stock Company

EXECUTIVE OFFICE: 850 EAST ANDERSON LANE, AUSTIN, TEXAS, 78752
HOME OFFICE, DENVER, COLORADO

ANNUITANT(S)

POLICY NUMBER

POLICY DATE

ISSUE AGE

OWNER

ANNUITY DATE

NATIONAL WESTERN LIFE INSURANCE COMPANY is called "we" or "us". The Owner is called "you". We will pay to the Payee, while the Sole Annuitant, or last surviving Joint Annuitant, is living, a periodic income as described on Page 3 of this policy. The first income payment will be payable on the Annuity Date stated on Page 3. The final payment will be payable on the later of the following dates:

1. The last payment due date prior to the death of the Sole Annuitant, or last surviving Joint Annuitant; or
2. The date on which the minimum number of payments guaranteed under this policy have been paid.

In no event will the number of payments made exceed the maximum number of payments, if any, shown on Page 3.

All payments and benefits will be payable subject to the terms of this policy. The consideration for this policy is the application and the payment in advance of the Single Premium stated on Page 3. The Single Premium must be paid on or before delivery of this policy.

RIGHT TO CANCEL

You may cancel this policy by delivering or mailing a written notice or sending a telegram to us in Austin, Texas 78752-1602 or to the agent through whom it was purchased. You must return the policy to us or the agent through whom it was purchased before midnight of the thirtieth day after the date you receive it. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We must return all premiums paid for this policy within ten days after we receive notice to cancel and the returned policy.

Signed at our office in Austin, Texas as of the Policy Date.


Secretary


President

READ YOUR POLICY CAREFULLY

SINGLE PREMIUM IMMEDIATE LIFE ANNUITY - ANNUITY PAYMENTS PAYABLE FROM THE ANNUITY DATE DURING THE LIFETIME OF AN ANNUITANT. THE MINIMUM OR MAXIMUM NUMBER OF ANNUITY PAYMENTS IS SHOWN ON PAGE 3. NONPARTICIPATING.

This is a legal contract between you and us.

NOTICE TO OWNER: If you have questions or need information about this policy or need assistance, please call us at 1-800-922-9422.

DEFINITIONS

Policy means the annuity policy issued to the Owner.

Policy Date means the date on which the policy is issued as shown on Page 3.

Annuity Date means the date on which the first income payment is payable as shown on Page 3.

Sole Annuitant when there is only one annuitant, is the person upon whose date of birth and sex income payments are based.

Joint Annuitants when there is more than one annuitant, are listed on Page 3.

Age is the annuitant's age on the last birthday as of the Policy Date

Payee is the person designated on Page 3 to receive income payments.

Owner is the person named as the Owner on Page 3.

Beneficiary is the person who will receive any remaining guaranteed payments which are due after the death of the Payee.

GENERAL PROVISIONS

Contract. The policy, any endorsements, any riders, any amendments, and the application are the Contract. A copy of the application is attached. All statements made in the application are representations and not warranties.

Only our officers may change this Contract or waive a right or requirement. No agent may do this. Such change or waiver must be in writing.

Misstatement of Age or Sex. If the age or sex of any annuitant is incorrect, we will change the amounts we pay to the amounts based on the correct age and sex.

1. Any overpayment we made will be deducted from future payments.
2. Any underpayment we made will be paid in full with the next payment due. If there are no future payments due, any underpayment will be paid in full as a separate payment.

Incontestability. This policy will be incontestable from the Policy Date.

Proof of Age and Sex. No income payments will be made until we receive satisfactory proof of the annuitant's age and sex.

Proof of Survival. We have the right to require proof that the annuitant is alive at the time each income payment is due.

Taxes, Fees, Assessments. Any Federal, State, or Municipal taxes, or any fees or assessments related to this policy, payment of which is required or authorized by law, will be deducted from the benefits under this policy.

Termination. This policy terminates when this policy's payment obligations have been met.

POLICY SPECIFICATIONS

NATIONAL WESTERN LIFE INSURANCE COMPANY
850 EAST ANDERSON LANE, AUSTIN, TEXAS 78752-1602
1-800-922-9422

ANNUITANTS	[JOHN DOE-ISSUE AGE 65] [JANE DOE-ISSUE AGE 65]	0100012345	POLICY NUMBER
POLICY DATE	APRIL 1, 2010		
PAYEE	[JOHN DOE AND JANE DOE]	MAY 1, 2010	ANNUITY DATE
OWNER	[JOHN DOE]	\$100,765.55	SINGLE PREMIUM
BENEFICIARY	AS DESIGNATED IN THE APPLICATION FOR THE POLICY UNLESS CHANGED AS OTHERWISE PROVIDED IN THIS POLICY.		

FORM	DESCRIPTION OF BENEFITS	BENEFIT AMOUNT	PREMIUMS	
			YEARS PAYABLE	ANNUAL AMOUNT
01-1159-10	<p>SINGLE PREMIUM IMMEDIATE ANNUITY [JOINT ANNUITANTS – MINIMUM PAYMENTS] [JOHN DOE AGE: 65 SEX: MALE] [JANE DOE AGE: 65 SEX: FEMALE]</p> <p>[JOINT ANNUITANTS – MAXIMUM PAYMENTS] [JOHN DOE AGE: 65 SEX: MALE] [JANE DOE AGE: 65 SEX: FEMALE]</p> <p>[SOLE ANNUITANT – MINIMUM PAYMENTS] [JOHN DOE AGE: 65 SEX: MALE]</p> <p>[SOLE ANNUITANT – MAXIMUM PAYMENTS] [JOHN DOE AGE: 65 SEX: MALE]</p>			
PAYMENT SCHEDULE				
(for joint)	<p>[SECTION A – PAYMENTS TO BE MADE WHILE BOTH ANNUITANTS ARE LIVING \$2,194.59 QUARTERLY.]</p> <p>[SECTION B – PAYMENTS TO BE MADE WHILE THE LAST SURVIVING ANNUITANT IS LIVING \$1,097.30 QUARTERLY.]</p> <p>[PAYMENTS WILL ONLY BE MADE DURING THE LIFE OF THE ANNUITANTS]</p>			
(for sole)	<p>[PAYMENTS TO BE MADE WHILE SOLE ANNUITANT IS LIVING \$2,194.59 QUARTERLY]</p> <p>[PAYMENTS WILL ONLY BE MADE DURING THE LIFE OF THE ANNUITANT]</p>			
01-1159-10				

ANNUITY BENEFITS

Periodic Income Payments. Periodic income payments will be paid to the Payee starting on the Annuity Date.

Neither the Owner of this policy nor any Payee will have the right to commute Periodic Income Payments.

Unless this policy provides otherwise, payments during the annuitant's lifetime will not be subject to:

1. Transfer; or
2. Alteration; or
3. Claims by creditors before any payment is due; or
4. Encumbrance by creditors.

Payment Schedule. The Payment Schedule is shown on Page 3 of this policy and shows:

1. The frequency of income payments; and
2. The amount of each income payment; and
3. The number of payments guaranteed under this policy, if applicable; and
4. The maximum number of payments payable under this policy, if applicable.

Death of the Sole Annuitant or Joint Annuitant. The combination of annuitant type and payment type are specified on page 3.

Sole Annuitant, Minimum number of payments:

If the Sole Annuitant dies after the guaranteed minimum number of payments under this policy have been paid, then the payments will cease with the last payment due prior to the Sole Annuitant's death.

If the Sole Annuitant dies before the guaranteed minimum number of payments under this policy have been paid, then we will continue making periodic payments to the Payee until the guaranteed minimum number of payments have been paid, if the Sole Annuitant was not the Payee at the time of death. Otherwise such payments will be made to the Beneficiary.

Sole Annuitant, Maximum number of payments:

If the Sole Annuitant dies before the maximum number of payments under this policy have been paid, then the payments will cease with the last payment due prior to the Sole Annuitant's death.

Joint Annuitants, Minimum number of payments:

Before the guaranteed minimum number of payments have been paid:

1. If one Joint Annuitant dies and is survived by the other Joint Annuitant, then periodic income payments will be made as described in Section B of the Payment Schedule. The first income payment under Section B will be payable on the first payment due date after the deceased Joint Annuitant's death.
2. If both Joint Annuitants die before the guaranteed minimum number of payments under this policy have been paid and if neither of the Joint Annuitants were the Payee, then we will continue making periodic payments to the Payee until the guaranteed minimum number of payments have been paid. Otherwise such payments will be made to the Beneficiary.

After the guaranteed minimum number of payments have been paid:

1. If one Joint Annuitant dies and is survived by the other Joint Annuitant, then periodic income payments will be made as described in Section B of the Payment Schedule. The first income payment under Section B will be payable on the first payment due date after the deceased Joint Annuitant's death.
2. If both the Joint Annuitants die after the guaranteed minimum number of payments under this policy have been paid, then the payments will cease with the last payment due prior to the last surviving Joint Annuitant's death.

Joint Annuitants, Maximum number of payments:

If either of the Joint Annuitants dies before the maximum number of payments have been made, no further payments will be made under this policy.

No partial installment, prorated to the date of death, will be payable under any circumstances. In no event will the number of payments made under this policy be greater than the maximum number of payments, if applicable, as specified in the Payment Schedule.

Payments to a Beneficiary will begin after we receive due proof of the Payee's death. In lieu of such remaining periodic payments, the Beneficiary may elect to receive the commuted value of such payments on the basis of interest compounded annually at a rate determined by us.

OWNERSHIP, BENEFICIARY, AND ASSIGNMENT PROVISIONS

Ownership. The Owner is as stated on Page 3 unless later changed and endorsed on this policy. During the lifetime of the Sole Annuitant, or the Joint Annuitants, the Owner may exercise every right the policy confers or we allow.

Unless the application or a later endorsement specifies otherwise, upon the death of the Owner(s), ownership of the policy will be determined as follows.

Sole Annuitant:

If an Owner other than the Sole Annuitant dies during the Sole Annuitant's lifetime, and has not named a successor, ownership rights will pass to the deceased Owner's estate.

Joint Annuitants:

1. If this policy is owned jointly by the Joint Annuitants, and one of the Joint Annuitants dies, ownership rights will pass to the last surviving Joint Annuitant;
2. If an Owner, other than the last surviving Joint Annuitant, dies during the last surviving Joint Annuitant's lifetime, ownership rights will pass to the deceased Owner's estate.

Beneficiary. The Beneficiary, as named in the application or later changed by the Owner, will receive, subject to the terms of this policy, any payments which are due after the death of the Payee. Unless otherwise provided in the Beneficiary designation:

1. If any Beneficiary dies before the Payee, that Beneficiary's interest will pass to any other beneficiaries according to their respective interest;
2. If payments are being made to the last surviving Beneficiary, and such last surviving Beneficiary dies before all guaranteed payments have been made, we will continue making the periodic payments to the estate of such last surviving

Beneficiary until the number of payments guaranteed have been paid.

In lieu of such remaining periodic payments, the estate of the last surviving Beneficiary may elect to receive the commuted value of such payments on the basis of interest compounded annually at a rate determined by us.

We reserve the right to defer payment of any amounts payable on commutation for a period of up to six months after requesting and receiving written approval from the commissioner of insurance.

If any Beneficiary dies at the same time as the Payee, or within 15 days after the Payee but before proof of the Payee's death is received by us, any proceeds will be paid as though that Beneficiary died before the Payee.

Change of Ownership and Beneficiary. Changes in the designation of the Owner and/or the Beneficiary may be made by the Owner's written request on forms provided by us, completed by the Owner, and forwarded to us during the lifetime of the Annuitant. After the change is recorded at our office in Austin, Texas, it will be effective as of the date of the Owner's request described herein. It will not apply to any payment made or action taken by us before it was recorded.

Once we accept this change, it takes effect as of the date you signed the request, subject to any action we take before we accept the change.

Assignment. We will not be bound by any assignment of this policy unless it is received in writing at our offices in Austin, Texas. Two copies of the assignment must be submitted. We will retain one copy and return the other. We will not be responsible for the validity of any assignment.

THIS PAGE WAS INTENTIONALLY LEFT BLANK

NATIONAL WESTERN LIFE INSURANCE COMPANY

EXECUTIVE OFFICE, AUSTIN, TEXAS
HOME OFFICE, DENVER, COLORADO

SINGLE PREMIUM IMMEDIATE ANNUITY

READ YOUR POLICY CAREFULLY

SINGLE PREMIUM IMMEDIATE LIFE ANNUITY - ANNUITY PAYMENTS PAYABLE FROM THE ANNUITY DATE DURING THE LIFETIME OF AN ANNUITANT. THE MINIMUM OR MAXIMUM NUMBER OF ANNUITY PAYMENTS IS SHOWN ON PAGE 3. NONPARTICIPATING.

This policy is a legal contract between you and us.

TABLE OF CONTENTS

Page 1	Face of Policy
Page 2	Definitions
	General Provisions
	Contract
	Misstatement of Age or Sex
	Incontestability
	Proof of Age and Sex
	Proof of Survival
	Taxes, Fees, Assessments
	Termination
Page 3	Policy Specifications
	Payment Schedule
Page 4	Annuity Benefits
	Periodic Income Payments
	Payment Schedule
	Death of the Sole Annuitant or Joint Annuitant
Page 5	Ownership, Beneficiary, and Assignment Provisions
	Ownership
	Beneficiary
	Change of Ownership and Beneficiary
	Assignment

ANNUITANT: (Applicable for life contingent policies only):

Name _____	Sex _____	Birth Date _____	Age _____	Soc. Sec. No. _____
Address _____	City _____	State _____	Zip _____	

JOINT ANNUITANT (if any):

Name _____	Sex _____	Birth Date _____	Age _____	Soc. Sec. No. _____
Address _____	City _____	State _____	Zip _____	

OWNER:

Name (if other than annuitant) _____	Birth Date _____	Age _____	Soc. Sec. No. _____
Address _____	City _____	State _____	Zip _____
Joint Owner _____	Birth Date _____	Age _____	Soc. Sec. No. _____
Contingent Owner _____	Birth Date _____	Age _____	Soc. Sec. No. _____

BENEFICIARY:

Primary Beneficiary _____	Relationship to Annuitant/Payee _____
Contingent Beneficiary _____	Relationship to Annuitant/Payee _____

PAYEE:

Name (if other than annuitant) _____
Address _____
City _____
State _____
Zip _____

PREMIUMS:

Single Premium \$ _____ Anticipated amount on policy exchanges or transfers* \$ _____

*Attach Transfer Form, the policy/document that is to be exchanged, and any applicable replacement form.

 Will this annuity replace any existing insurance or annuities in this or any other company? ☐ Yes ☐ No
 (If yes, complete applicable replacement forms in states where required.)

PLAN:

 Tax Status: ☐ Qualified (excludes TSA 403(b)) ☐ Non-Qualified

Requested Date of First Payment _____

<input type="checkbox"/> Certain Period Only	Certain Period _____ years	<input type="checkbox"/> With a Certain Period _____ years	<input type="checkbox"/> Installment Refund
<input type="checkbox"/> Single Life Annuity	<input type="checkbox"/> Life Only	<input type="checkbox"/> Temporary Limited Pay _____ years	
<input type="checkbox"/> Joint Life Annuity	<input type="checkbox"/> Life Only	<input type="checkbox"/> With a Certain Period _____ years	<input type="checkbox"/> Installment Refund
	Percent to Survivor: <input type="checkbox"/> 50% <input type="checkbox"/> 100%	<input type="checkbox"/> Other _____%	
Frequency of Payment:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semiannually <input type="checkbox"/> Annually

I have read the statements above and to the best of my knowledge and belief they are true and correct. Any statement made by either the agent of this application or by any other person shall not be binding on the Company unless such statement is reduced to writing by the Company and made a part of the annuity contract.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signed in (City) _____ (State) _____ on (date) _____



Annuitant Signature



Joint Annuitant Signature



Owner Signature



Joint Owner Signature



Agent Signature (agent must complete reverse side)

PROOF OF BIRTH DATE:


Proof of the date of birth of the proposed annuitant must be submitted before any annuity payments will be made, and should normally accompany the application. DO NOT SEND ORIGINAL DOCUMENTS.

Preferred proofs.

- Certified birth certificate.
- Government issued identification card (such as driver's license or state issued ID card).

AGENT'S SECTION:

Do you have any reason to believe that replacement of existing insurance or annuity will be involved? ☐ Yes ☐ No
If yes, give details below and attach applicable replacement forms.

Agent Signature  _____ Agent Number _____

Agent Name (printed) _____ Agent Phone _____

Commission Splits:

Agent Number	Agent Name	Commission Split
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

*****ALL CHECKS MUST BE PAYABLE TO NATIONAL WESTERN LIFE INSURANCE COMPANY*****

NATIONAL WESTERN LIFE INSURANCE COMPANY
850 EAST ANDERSON LANE • AUSTIN, TEXAS 78752-1602

Print Annuitant's Name _____ Date _____

SERFF Tracking Number: NAWS-126825320 State: Arkansas

Filing Company: National Western Life Insurance Company State Tracking Number: 46853

Company Tracking Number: 01-1158-10, 01-1159-10, 01-9062-10

TOI: A05I Individual Annuities- Immediate Non-Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable

Product Name: Single Premium Immediate Annuities

Project Name/Number: Single Premium Immediate Annuities/01-1158-10, 01-1159-10, 01-9062-10

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment:		
1158, 1159, 9062 Officer Flesch Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment:		
AR 1158, 1159, 9062 Cover Letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment:		
01-1158-10 & 01-1159-10 Statement of Variability.pdf		

	Item Status:	Status Date:
Satisfied - Item: In compliance with Regulation 49		
Comments:		
Attachment:		
01-A013-AR(Rev_01-04) L&H Guaranty Assoc Notice.pdf		

	Item Status:	Status Date:
Satisfied - Item: In compliance with Rule &		

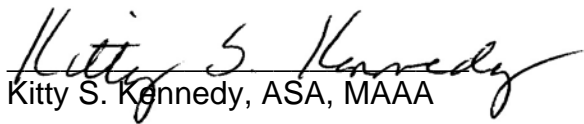
PDF Pipeline for SERFF Tracking Number NAWS-126825320 Generated 09/30/2010 11:25 AM

NATIONAL WESTERN LIFE INSURANCE COMPANY
FLESCH READING EASE TEST SCORE CERTIFICATE
Form Numbers 01-1158-10, 01-1159-10, 01-9062-10

I hereby certify the following:

1. The Flesch Reading Ease Test score is as indicated below.
2. The form is printed, except for specifications pages, schedules and tables, in not less than ten point type.
3. The number of words contained in the text is as indicated below.
4. The entire form was analyzed.

<u>Form No.</u>	<u>Flesch Score</u>	<u>Words</u>
01-1158-10	55	1,196
01-1159-10	57	2,003
01-9062-10	51	207


Kitty S. Kennedy, ASA, MAAA

May 17, 2010
Date



September 21, 2010

Arkansas Department of Insurance
Life and Health Compliance
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: Single Premium Immediate Annuity, Period Certain, 01-1158-10
Single Premium Immediate Annuity, Life Contingent, 01-1159-10
Single Premium Immediate Annuity Application, 01-9062AR-10
National Western Life Insurance Company, NAIC 66850, FEIN 84-0467208

To Whom It May Concern:

Please find attached the above captioned forms submitted to your state for formal approval. These forms are new and will replace previously approved forms. These forms are deemed exempt by our state of domicile, Colorado, under Bulletin B-4.1. This filing contains no unusual or possibly controversial items from normal industry standards.

Form 01-1158-10, Single Premium Immediate Annuity policy, period certain, may be issued to a single annuitant from age 0 to age 90. The annuity provides periodic annuity benefits payable monthly, quarterly, semi-annually, or annually for a certain number of years, at interest, not involving life contingencies.

Form 01-1159-10, Single Premium Immediate Annuity policy, life contingent, may be issued to either a single annuitant or joint annuitants from age 0 to age 90. This annuity provides periodic annuity benefits payable monthly, quarterly, semi-annually, or annually during the lifetime of the Sole Annuitant, or the Survivor Annuitant.

These two annuity policy forms will replace three previously approved SPIA policy forms as follows:
Jointly issued SPIA form number 01-1011J-97, approved for use on April 28, 1997
Period certain SPIA form number 01-1011C-97, approved for use on April 28, 1997
Individual issued SPIA form number 01-1011I-97 approved for use on April 28, 1997

Form number 01-9062-10, Single Premium Immediate Annuity Application, will be used to issue either of the above SPIA products. This application form will replace previously approved application form 01-9021AR approved for use on June 24, 1997.

Thank you for your time and consideration in this matter. If you have any questions or need more information, please feel free to contact me by email at SFoskitt@NationalWesternLife.com or by phone at 512-719-1563.

Sincerely,

A handwritten signature in black ink, appearing to read "SFoskitt".

Stephanie Foskitt
Contract Compliance Analyst

We reserve the right to change the format of this form without changing any of the language. Printing standards will never be less than those required by your state.

NATIONAL WESTERN LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY
For forms 01-1158-10 and 01-1159-10

Form 01-1158-10

Any information bracketed as variable on specification page 3 is specific to John Doe, there are no plan variables or variations.

Form 01-1159-10

The policy may be issued to either a Sole Annuitant or to Joint Annuitants. And the policy may be issued with either a minimum number of payments or a maximum number of payments. This leaves a combination of four possible ways to issue this policy.

Therefore the bracketed information at the top of the page is specific to John Doe (annuitant, payee, owner). The bracketed information at the bottom of the page represents some combination of sole annuitant/joint annuitant, and minimum/maximum payments.

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

**The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904**

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are **NOT** protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.





**NWL Certification of Compliance with Rule and Regulation 19
Unfair Sex Discrimination in the Sale of Life Insurance**

National Western Life Insurance Company certifies the application, sales and underwriting of the submitted policy forms (listed below) will not violate Arkansas Legislation's Rule and Regulation 19 – Unfair Sex Discrimination in the Sale of Life Insurance.

A handwritten signature in black ink, appearing to read "SFoskitt".

Stephanie Foskitt
Contract Compliance Analyst

Applicable to Annuity Policy Forms:

Single Premium Immediate Annuity – Period Certain, Form 01-1158-10
Single Premium Immediate Annuity – Life Contingent, Form 01-1159-10
Single Premium Immediate Annuity Application, Form 01-9062-10